

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011603

STATE FILE NUMBER

FILED APR 6 1959

Registration District No.

317

Primary Registration District No.

571

Registrar's No.

870

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		c. CITY GLENDALE OR TOWN Webster Groves 4591	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hosp 2 wks		d. STREET ADDRESS (If outside, give location) 161 West Kirkham	
3. NAME OF DECEASED (Type or print) First Middle Last Jane M Hentges		4. DATE OF DEATH Month Day Year 3 29 59	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 14, 1907
9. AGE (In years) 52		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	
11. BIRTHPLACE (City and state or country) St. Louis County, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Christ Mummert		13b. MOTHER'S MAIDEN NAME Mary Hill	
14. NAME OF HUSBAND OR WIFE Otto G. Hentges		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. unk.		17. INFORMANT Address Otto G. Hentges 161 W. Kirkham	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cerebro-Vascular Hemorrhage DUE TO (b) Hypertensive Cardio-Vascular Disease DUE TO (c) Arteriolosclerosis H42X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Gasho-Intestinal Hemorrhage - Site undetermined - Terminal Event			INTERVAL BETWEEN ONSET AND DEATH .
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 3-14-59 to 3-29-59 and last saw her alive on 3-29-59 Death occurred at 3:00 P on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. H. Garrison, Jr. M.D.		22b. ADDRESS 601 So. Brentwood	
22c. DATE SIGNED 3-29-59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Apr. 1, 1959		23c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.	
23d. LOCATION (City, town, or county) St. Louis County, Mo.		24. FUNERAL DIRECTOR M. J. Croghan 831 E. Big Bend	
25. DATE RECD. BY LOCAL REG. 3-31-59		26. REGISTRAR'S SIGNATURE John C. Murphy, M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *W E Morris*

Licensed Embalmer No. *3360*
P. O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.